

# Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

<b>Establishment Name</b> PERFECT STEAK BUTCHERS	<b>Telephone Number</b> Est 337-781-3104 Own	<b>Date of Inspection</b> 07/28/2021	<b>ID#</b>		
<b>Address</b> 4770 DUFFY RD, FLOYDS KNOBS IN 47119					
<b>Owner</b> JAMES NATION	<b>Purpose</b> <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input checked="" type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b>		
<b>Owner's Address</b> ,		<b>Menu Type</b> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>			
<b>Person in Charge</b> TONY MCELWAINE					
<b>Responsible Person's Email</b> STEAKHOUSEINC@GMAIL.COM					
<b>Certified Food Handler</b>					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"					
<b>Section #</b>	<b>C</b>	<b>NC</b>	<b>R</b>	<b>Narrative</b>	<b>To Be Corrected</b>
411		X		Observed no lighting in freezer truck.	1 week
<b>Summary of Violations</b> C <u>0</u> NC <u>1</u> R <u>0</u>					
Received by (name and title printed):				Inspected by (name and title printed): Thomas Snider CFS	
Received by (signature):				Inspected by (signature): <i>Thomas Snider</i>	
cc:		cc:		cc:	